

2344

At least one copy of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated. This certificate must be filed by the attending Physician or midwife with each local Registrar within 5 days after birth.

| PLACE OF BIRTH | | ARIZONA STATE BOARD OF HEALTH | |
|--|---|--|-----------------------------------|
| BUREAU OF VITAL STATISTICS | | State Index No. <u>221</u> | |
| County of <u>Gila</u> | District of _____ | ORIGINAL CERTIFICATE OF BIRTH | |
| Town of <u>Miami</u> | or _____ | Co. Registrar's No. <u>223</u> | |
| City of _____ | (No. _____ St. _____ Ward) | Local Registrar's No. _____ | |
| FULL NAME OF CHILD <u>Claudio Amaya</u> | | Born | YES |
| If child is not named, make Supplemental Report on blank obtainable from local registrar. | | Alive | NO |
| Sex of Child <u>Male</u> | Twin, Triplet or other _____ | and | Number in order of birth <u>1</u> |
| Legitimate? <u>yes</u> | Date of Birth <u>June 6</u> | Month | Day |
| | | | Yr. <u>1922</u> |
| FATHER | | MOTHER | |
| Full Name <u>Ventura Amaya</u> | Full Maiden Name <u>Carmen Miranda</u> | | |
| Residence <u>Miami, Arizona</u> | Residence <u>Miami, Arizona</u> | | |
| Color or Race <u>Mex.</u> | Color or Race <u>Mex.</u> | | |
| Age at last Birthday <u>37</u> | Age at last Birthday <u>23</u> | | |
| Years | Years | | |
| Birthplace <u>Sonora, Mexico</u> | Birthplace <u>Sonora, Mexico</u> | | |
| Occupation <u>Miner</u> | Occupation <u>Housewife</u> | | |
| Number of child of this Mother <u>1</u> | Number of Children, of this mother, now living <u>1</u> | Were precautions taken against Ophthalmia neonatorum? <u>yes</u> | |
| CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* | | | |
| I hereby certify that I attended the birth of the above child; and that it occurred on <u>June 6, 1922</u> at <u>10 AM</u> . | | | |
| { *When there is no attending physician or midwife, then the householder should make this return. | | Signature <u>B. M. Crow M.D.</u> | |
| Given or Christian name added from a supplemental report _____ 191 | | Address <u>Miami, Arizona</u> | |
| <u>311-606-341</u> | | LOCAL REGISTRAR. | |
| COUNTY REGISTRAR. | | COUNTY REGISTRAR. | |

Filed June 25 1922Filed 7-6 1922

A True Copy

LOCAL REGISTRAR.

COUNTY REGISTRAR.